

# MINUTES

## Patient-Centered Health Advisory Council

Broadlawns Medical Center

Friday, May 11, 2018

9:30 – 3:00

### Members Present

**Melissa Bernhardt**- Iowa Dental Association  
**Anna Coppola**- Community Advocate  
**Chris Espersen**- Independent Healthcare Consultant  
**Kimberly Howard**- Dental Hygienist  
**Patty Quinlisk**- State Epidemiologist  
**Kady Reese**- Iowa Healthcare Collaborative  
**Trina Radske-Suchan**- Iowa Physical Therapy Association  
**Jann Ricklefs**- Iowa Nurses Association  
**Yogesh Shah**- Palliative Care Physician  
**Bill Stumpf**- Disabilities Advocate/Consumer  
**John Swegle**- Iowa Pharmacy Association  
**Mary Nelle Trefz**- Child and Family Policy Center

### Members Absent

**Chris Atchison**- Public Member  
**Ron Boesch**- Iowa Chiropractic Society  
**David Carlyle**- Iowa Academy of Family Physicians  
**Marsha Collins**- Iowa Physician Assistant Association  
**Sarah Dixon**- Iowa Collaborative Safety Net Network  
**Ro Foege**- Consumer  
**Anne Hytrek**- Iowa Academy of Nutrition and Dietetics  
**Jessie Marks**- Child Health Specialty Clinics  
**Leah McWilliams**- Iowa Osteopathic Medical Association  
**Marguerite Oetting**- IA Chapter of American Academy of Pediatrics  
**Brenda Payne**- Iowa Psychological Association  
**Peter Reiter**- Internal Medicine  
**Dave Smith**- Iowa Department of Human Services

### Others Present

**Abby Less**- Iowa Department of Public Health  
**Angie Doyle Scar**- Iowa Department of Public Health  
**Brenda Dobson**- Iowa Department of Public Health  
**Darby Taylor**- HCI/VNS  
**David Hudson**- MAAC CO-Chair  
**Deborah Thompson**- Iowa Department of Public Health  
**Erin Olson**- Iowa Department of Public Health  
**Gloria Symons**- Mid-Iowa Community Action Health Services  
**Jennifer Groos**- Blank Children's Pediatric Clinic  
**Jennifer Nutt**- Iowa Hospital Association  
**Jill Lange**- Iowa Department of Public Health  
**Kathy Karn**- Iowa Department of Public Health  
**Kent Ohms**- Legislative Service Agencies  
**Linda Brundies**- State of Iowa Office of Ombudsman  
**Lisa Cook**- Iowa Medicaid Enterprise  
**Pam Heagle**- Managed Care Ombudsman  
**Sheryl Marshall**- Telligen

**\*Patient-Centered Health Advisory Council Website:**

<http://idph.iowa.gov/ohct/advisory-council>

### Meeting Materials

#### **Agenda 5-11-2018**

- State of Iowa Office of Ombudsman PowerPoint
- Child Obesity Infographic
- 5210- Childhood Obesity Prevention Framework
- IDPH Legislative Update May 11, 2018
- Opioid Indicators Issue Brief
- State of Iowa Opioid Initiatives Report Card
- Syringe Services Issue Brief
- DMU Handout 1
- DMU Handout 2

Topic	Discussion
<p data-bbox="73 128 277 275"><b>Iowa Medicaid Enterprise - MCO Quarterly Reports</b></p> <p data-bbox="73 317 185 344">Lisa Cook</p> <p data-bbox="73 426 253 520"><i>Handout:</i> <a href="https://dhs.iowa.gov/ime/about/performance-data/MC-quarterly-reports">State Fiscal Year 2018, Quarter 2</a></p>	<ul style="list-style-type: none"> <li data-bbox="341 128 1471 191">• An overview of the contents of the MCO Quarterly Reports was given. The Quarterly Reports can be found at <a href="https://dhs.iowa.gov/ime/about/performance-data/MC-quarterly-reports">https://dhs.iowa.gov/ime/about/performance-data/MC-quarterly-reports</a>.</li> <li data-bbox="341 197 1479 296">• The latest report can be found at <a href="#">State Fiscal Year 2018, Quarter 2</a> (October-December 2017). Council members were given copies of this report and Lisa Cook walked through the content with them.</li> <li data-bbox="341 302 1487 548">• Cook noted that AmeriHealth Caritas Iowa, Inc. did not have members enrolled in December 2017. Measures that provide a snapshot of the last months of the quarter, including but not limited to demographic information and case management assignment, will be reported as 0 (zero) or N/A. Measures with November snapshots or aggregate data for the reported period will still include AmeriHealth Caritas Iowa, Inc. data. For this reporting period, it is noteworthy to consider how transition of AmeriHealth Caritas members to UnitedHealthcare or Fee-for-Service may have impacted reporting.</li> <li data-bbox="341 554 1500 2005">• Below are the key pages that she highlighted: <ul style="list-style-type: none"> <li data-bbox="381 590 1373 653">○ Page 4 begins with demographic information, which is published in each report. Demographic information includes age, MCO enrollment and disenrollment.</li> <li data-bbox="381 659 1386 722">○ Page 9 includes information on care coordination reporting and initial health risk assessments.</li> <li data-bbox="381 728 1455 827">○ Page 14 includes information on long term services and supports (LTSS) Home and Community Based Care Coordination and members assigned a Community-Based Case Manager. This is a 100 percent performance target.</li> <li data-bbox="381 833 1474 896">○ Page 15 includes information on timely contact of Home and Community Based Services (HCBS) members. This is another 100 percent performance target.</li> <li data-bbox="381 903 1455 1001">○ Page 17 includes information on service plans being completed timely. Waiver services plans must be updated annually or as the member's needs change. All of the plans are near 100 percent.</li> <li data-bbox="381 1008 1487 1211">○ Page 18 includes information on level of care (LOC) reassessments completed timely. Ninety-five percent of needs assessments must be completed annually or as a member's needs change. Cook noted that the departure of AmeriHealth Caritas impacted December's results for UnitedHealthcare. She also mentioned that when there is not a LOC assessment completed by that 12-month mark, the member does continue to receive services until that assessment is done.</li> <li data-bbox="381 1218 1487 1323">○ Page 20 includes information about the Iowa Participant Experience Survey (IPES) activities and results. The IPES asks waiver members about their experience of care related to safety, contact, and member's experience. This is a new addition to the report.</li> <li data-bbox="381 1329 1487 1392">○ Page 22 includes information on MCO Member Grievances and Appeals. This quarter, 100 percent of grievances were resolved within 30 calendar days for all MCOs.</li> <li data-bbox="381 1398 1487 1820">○ Page 24 includes data on appeals resolution including timeliness within 30 calendar days. There is supporting data and reasons for those appeals <ul style="list-style-type: none"> <li data-bbox="462 1476 1487 1539">- Discussion took place about the pharmacy appeals and the different reasons that an appeal would be submitted.</li> <li data-bbox="462 1545 1500 1820">- Discussion took place around the issue of prior authorizations. This issue is also being discussed in the DHS <a href="#">Process Improvement Working Group</a>. The purpose of the Process Improvement Working Group is to provide the Medicaid Director with an in-depth review of the current Medicaid processes and then work with Medicaid staff, MCOs and providers to help improve the processes. The group consists of various Medicaid providers from across the state. DHS will provide updates to DHS Council, MAAC and the <i>hawk-i</i> board, as the group progresses. The workgroup's <a href="#">workplan</a> highlights the activities they are discussing.</li> </ul> </li> <li data-bbox="381 1827 1455 1932">○ Page 26 includes information on the Member Helpline Performance Measures. Secret shopper calls are conducted by IME at least weekly and assess MCO customer services representative soft skills and policy knowledge.</li> <li data-bbox="381 1938 1500 2001">○ Page 27 includes information on the top five reasons for members contacting helplines for each MCO and page 28 includes metrics from the provider helpline and the top five</li> </ul> </li> </ul>

	<p>reasons for providers contacting helplines for each MCO.</p> <ul style="list-style-type: none"> <li>○ Page 31 includes information about medical claims payment which is measuring timeliness from the receipt of the medical claim.</li> <li>○ Page 32 includes information on payment, denial, and suspension, and these statistics are point-in-time.</li> <li>○ Page 33-36 includes the top 10 reasons for medical claims denial as of the end of the reporting period.</li> <li>○ Page 37 includes claims reprocessing metrics.</li> <li>○ Page 39 includes the actual claims approval and denial rates for each MCO.</li> <li>○ Page 41 includes the utilization of value added services reported count of members. MCOs may offer value added services in addition to traditional Medicaid and HCBS services. Between the plans there are 40 value added services available as part of the managed care program. <ul style="list-style-type: none"> <li>- Bill Stumpf asked for examples of value added services. Cook gave the examples of maternity items, gym memberships, dental kits, and back-to-school kits. Stumpf commented that these type of value added services would not benefit the long-term care population. For example, someone with significant cerebral palsy would not benefit from a gym membership. He mentioned that helping the long-term care population get better assistance technology would be more beneficial to this population.</li> </ul> </li> <li>○ Page 42 includes information on network adequacy.</li> <li>○ Page 44 includes prior authorization data including timeliness for completion and approval, denial and modification rates.</li> <li>○ Pages 50-52 includes information on member utilization of services broken out by population.</li> </ul> <ul style="list-style-type: none"> <li>• Bill Stumpf mentioned the issue of the amount of mail coming from MCOs that is redundant. This could make it possible to miss a crucial piece of mail.</li> <li>• Council members expressed that having a standardized prior authorization process across the MCOs would be very beneficial.</li> </ul>
<p><b>Managed Care Ombudsman</b></p> <p>Pam Hagle</p> <p><i>Handout:</i>  <a href="#">Managed Care Ombudsman Program Monthly Report for April 2018</a></p>	<ul style="list-style-type: none"> <li>• The <a href="#">Managed Care Ombudsman Program</a> serves Medicaid managed care members receiving care in a health care facility as well as members enrolled in one of the seven home and community-based services (HCBS) waivers which include AIDS/HIV, Brain Injury, Children’s Mental Health, Elderly, Health and Disability, Intellectual Disability, and Physical Disability Waiver Programs. Services provided include education and information regarding managed care plans, services, care and processes, advocacy and outreach on behalf of members, and appeals assistance and complaint resolution for members needing assistance with resolving issues with their managed care plan or navigating the managed care system.</li> <li>• The Office of the State Long-Term Care Ombudsman is required by the Centers for Medicare and Medicaid Services (CMS) to report data from the Managed Care Ombudsman Program on a monthly basis.</li> <li>• The April 2018 Monthly report was given as a handout and the main points were discussed, including: <ul style="list-style-type: none"> <li>○ During the month of April, the Managed Care Ombudsman Program received 211 member contacts through phone and email. This number does not reflect the total contacts received from all stakeholders including providers as this report only discusses member-specific issues. Oftentimes, multiple issues were addressed in one call with a member. The top three issues addressed were: <ul style="list-style-type: none"> <li>- Care planning participation- New and existing Medicaid members requested assistance for their upcoming yearly assessment and care planning meetings.</li> <li>- Level of care assessment- Members required assistance requesting a review of their level of care assessment to better support their needs.</li> <li>- Service reduced, denied or terminated- Members needing long-term services and supports reported reductions or denials in their HCBS waiver services.</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Most calls were related to the Elderly Waiver, Intellectual Disability Waiver, and Brain Injury Waiver.</li> <li>○ On average, it took seven business days to resolve an issue.</li> <li>● The Managed Care Ombudsman Program developed the following guide: <a href="#">How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care in Iowa</a>. This guide is intended to assist members and their loved ones with navigating the managed care system in Iowa. This guide was developed in collaboration with Disability Rights, Iowa and the Iowa Developmental Disabilities Council, and is aimed at addressing various issues and questions expressed by members and their loved ones, empowering them to better advocate for themselves if issues arise.</li> </ul> <p><b>The Managed Care Ombudsman can be contacted at:</b>  Managed Care Ombudsman  510 E 12<sup>th</sup> St., Ste. 2  Des Moines, IA 50319  (866) 236-1430  <a href="mailto:ManagedCareOmbudsman@iowa.gov">ManagedCareOmbudsman@iowa.gov</a>  <a href="https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program">https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program</a></p>
<p><b>State of Iowa Office of Ombudsman</b></p> <p>Linda Brundies</p> <p><i>PowerPoint:</i>  <a href="#">State of Iowa Office of Ombudsman PowerPoint</a></p> <p><i>Handout:</i>  <a href="#">Iowa Office of Ombudsman Annual Report</a></p>	<ul style="list-style-type: none"> <li>● The presentation began with an introduction to the concept of ombudsman. Classical ombudsman standards include four essential elements: <ul style="list-style-type: none"> <li>○ Independence</li> <li>○ Impartiality</li> <li>○ Confidentiality</li> <li>○ Credible Review Process</li> </ul> </li> <li>● The first Iowa ombudsman position was created by Governor Robert D. Ray in 1970 as a two year pilot project funded by a federal grant.</li> <li>● The <a href="#">State of Iowa Office of Ombudsman</a> was established by and operates under the authority of <a href="#">Iowa Code Chapter 2C</a>. The office has adopted rules, <a href="#">Iowa Administrative Code [141]</a>, regarding the office's organization, practices and procedures.</li> <li>● The State of Iowa Office of Ombudsman serves as an independent and impartial agency to which citizens can air their grievances about government. By facilitating communications between citizens and government and making recommendations to improve administrative practices and procedures, the Ombudsman promotes responsiveness and quality in government.</li> <li>● The Office of Ombudsman: <ul style="list-style-type: none"> <li>○ Investigates complaints against agencies or officials of state and local governments in Iowa.</li> <li>○ Works with agencies to attempt to rectify problems when our investigation finds that a mistake, arbitrary, or illegal action has taken place.</li> <li>○ Has a unique statutory responsibility to investigate and determine if an action was fair or reasonable, even if in accordance with law.</li> <li>○ Has access to state and local governments' facilities and confidential records to ensure complete review of facts regarding a complaint.</li> <li>○ Makes recommendations to the General Assembly for legislation, when appropriate.</li> </ul> </li> <li>● The complaint and investigative process was described. It involves intake, preliminary review and inquiry, notice, investigation, and recommendations. Additionally, there are published reports, legislative recommendations, and/or referrals for criminal or disciplinary action.</li> <li>● A question was asked about how people become aware of the services that the Office of Ombudsman offers. The response was that their information is posted in jails and prisons, word-of-mouth, provider associations, and the Managed Care Ombudsman office are some of the main venues.</li> <li>● There is no-wrong-door, meaning if someone calls the Managed Care Ombudsman, they can be referred on the Iowa Office of Ombudsman, and vice versa.</li> </ul>

	<ul style="list-style-type: none"> <li>• In 2017, citizens filed 4,855 jurisdictional complaints, information requests, and nonjurisdictional complaints with the State of Iowa Office of Ombudsman, representing a 6.7 percent increase from last year.</li> <li>• Corrections-related cases represented over 44 percent of all the cases the Office of Ombudsman opened last year.</li> </ul> <p><b>The State of Iowa Office of Ombudsman can be contacted at:</b>  Office of Ombudsman Ola Babcock Miller Building  1112 East Grand Avenue  Des Moines, IA 50319-0231  (515) 281-3592  <a href="mailto:ombudsman@legis.iowa.gov">ombudsman@legis.iowa.gov</a>  <a href="http://www.legis.iowa.gov/ombudsman">www.legis.iowa.gov/ombudsman</a></p>
<b>Iowa Medical Assistance Advisory Council (MAAC)</b>  David Hudson	<ul style="list-style-type: none"> <li>• An overview of Iowa's Medical Assistance Advisory Council (MAAC) was given. MAAC is a federally required program that all state Medicaid programs have. The purpose of the Medical Assistance Advisory Council is to "advise the Director of the Department of Human Services about health and medical care services under the medical assistance program."</li> <li>• MAAC is mandated by federal law and further established in Iowa Code.</li> <li>• MAAC membership includes 43 entities designated in Iowa Administrative Code representing professional and business entities. It also includes 10 public representatives. A MAAC Executive Committee, whose members are appointed by the full council, provides guidance to the group and makes recommendations.</li> <li>• David Hudson described that he is a co-chairperson of MAAC and is a public representative. Gerd Clabuagh, Director of the Iowa Department of Public Health, is the other co-chairperson of MAAC. Hudson discussed that he is a Consumer Directed Attendant Care (CDAC) Provider for his son and a video showcasing his son was shared with the Council.</li> <li>• Hudson commented on the need for a paradigm shift in our thinking about managed care in the Long-Term Services and Supports (LTSS) population. This population needs to be looked at differently and cost containment strategies focused on wellness will often not work for this population. He mentioned that other states are creating hybrid systems where they are merging managed care and fee-for-service for this population.</li> <li>• Hudson also discussed the importance of putting a "face" to the issues of the LTSS population, and not just reporting on data and numbers.</li> <li>• The two main issues that Hudson would like to see MAAC focus on are: <ul style="list-style-type: none"> <li>○ Establishing an independent medical review process in Iowa for appeals processes.</li> <li>○ Seeking out a hybrid arrangement merging managed care and fee-for-service for the LTSS population.</li> </ul> </li> <li>• All MAAC meetings are open to the public. The full MAAC meets quarterly and the MAAC Executive Committee meets monthly. For more information including the meeting schedule, visit <a href="https://dhs.iowa.gov/ime/about/advisory_groups/maac">https://dhs.iowa.gov/ime/about/advisory_groups/maac</a>.</li> </ul>
<b>Childhood Obesity in Iowa</b>  Dr. Jennifer Groos	<ul style="list-style-type: none"> <li>• The presentation began by giving an on overview of the issue of obesity. <ul style="list-style-type: none"> <li>○ 2/3 of adults in Iowa are overweight or obesity, and around 33 percent are obese ranking Iowa at 13<sup>th</sup> in the nation.</li> <li>○ 1/3 of children are overweight or obese, and around 14 percent of 2-4 year olds are obese, which is about 21<sup>st</sup> in the nation.</li> </ul> </li> <li>• In 2013, obesity was classified as a chronic disease state. Obesity is a complex disease condition mediated through the interplay of multiple genetic, biologic, metabolic, behavioral, social, economic, and cultural determinants. Obesity is the most common chronic disease in childhood.</li> <li>• Complication of obesity seen in children include: <ul style="list-style-type: none"> <li>○ Elevated lipid levels</li> <li>○ Type 2 diabetes/impaired glucose tolerance</li> <li>○ Liver disease</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ High blood pressure</li> <li>○ Social problems/low self-esteem</li> <li>○ Sleep disturbances/sleep apnea</li> <li>○ Orthopedic problems</li> </ul> <ul style="list-style-type: none"> <li>• Children who are overweight or obese have a 70-80 percent chance of having weight challenges as an adult.</li> <li>• Groos highlighted the importance of addressing weight stigma. Weight stigma is the societal devaluation of a person because he or she has overweight or obesity. Studies show that the health care setting is the highest place where patients experience weight stigma. The more stigma people are exposed to, the more barriers there are to change.</li> <li>• The <a href="#">5-2-1-0 Healthy Choices Count</a> campaign was discussed. Erin Olson from the Iowa Department of Public Health will be discussing this campaign in further detail in the following presentation.</li> <li>• Iowa's Clinician's Guide to Prevention, Assessment &amp; Treatment of Childhood Obesity was discussed and can be accessed here: <ul style="list-style-type: none"> <li>• <a href="#">Electronic version</a></li> <li>• <a href="#">Print-friendly version</a></li> </ul> </li> </ul>
<p><b>IDPH Efforts to Address Childhood Obesity</b></p> <p>Erin Olson</p> <p><i>PowerPoint:</i>  <a href="#">5210- Childhood Obesity Prevention Framework</a></p>	<ul style="list-style-type: none"> <li>• 5-2-1-0 Healthy Choices Count is an educational campaign to promote healthy eating and active living for children and families in Iowa. It is a childhood obesity prevention framework that promotes the daily recommendations of: <ul style="list-style-type: none"> <li>○ 5- servings of fruits and vegetables</li> <li>○ 2- hours or less of recreational screen time</li> <li>○ 1- hour of physical activity</li> <li>○ 0-sugary drinks and more water</li> </ul> </li> <li>• Iowa's 5-2-1-0 Healthy Choices Count Campaign partners include: <ul style="list-style-type: none"> <li>○ Iowa Department of Public Health</li> <li>○ Healthiest State Initiative</li> <li>○ United Way of Central Iowa</li> <li>○ ICOG: Iowa Association of Councils of Governments</li> <li>○ Iowa Medical Society</li> </ul> </li> <li>• Iowa's 5-2-1-0 Healthy Choices Count Campaign is modeled after the 5210 Let's Go! program, developed by and used in Maine for the last 10 years. Maine's program has resulted in improved healthy behaviors in Maine's pediatric population and stabilized increasing rates of obesity.</li> <li>• It is well known that children with healthy habits learn better, feel better, and have a decreased risk for chronic medical conditions (such as obesity, diabetes, liver disease, and cardiovascular disease). The 5-2-1-0 campaign is evidence-based, and has been utilized successfully in many other places across United States.</li> <li>• 5-2-1-0 Healthy Choices Count uses a multi-sector approach including Early Childhood, Schools, Communities, Workplace, After School, Healthcare</li> <li>• 5-2-1-0 Healthy Choices Count has two main goals: <ol style="list-style-type: none"> <li>1. Permeate children's and families' environments with the 5-2-1-0 message.</li> <li>2. Provide strategies to support 5-2-1-0 behaviors to a variety of people and places.</li> </ol> </li> <li>• Numerous 5-2-1-0 Materials have been developed and are available at <a href="http://www.iowahealthieststate.com/5210">www.iowahealthieststate.com/5210</a>. Materials available include: Logo Style Guide, Brochures, Posters, Newsletters, Radio spots, Newspaper ad, Social media, and Champion Toolkit.</li> <li>• Ten strategies for success of the 5-2-1-0 initiative were described, which include: <ol style="list-style-type: none"> <li>1. Limit unhealthy choices for snacks and celebrations; provide healthy choices.</li> <li>2. Limit or eliminate sugary drinks; provide water.</li> <li>3. Prohibit the use of food as a reward.</li> <li>4. Provide opportunities to get physical activity every day.</li> <li>5. Limit recreational screen time.</li> <li>6. Participate in local, state, and national initiatives that support healthy eating and</li> </ol> </li> </ul>



	<p>active living.</p> <ol style="list-style-type: none"> <li>7. Engage community partners to help support healthy eating and active living.</li> <li>8. Partner with and educate families in adopting and maintaining a lifestyle that supports healthy eating and active living.</li> <li>9. Implement a staff wellness program that includes healthy eating and active living.</li> <li>10. Collaborate with Food and Nutrition Programs to offer healthy food and beverage options.</li> </ol> <ul style="list-style-type: none"> <li>• IDPH has funded 4 communities as pilot sites to offer targeted technical support for this multi-setting community approach. An overview was given of each pilot site. The sites include <ul style="list-style-type: none"> <li>○ Malvern (Mills County)</li> <li>○ Dubuque (Dubuque County)</li> <li>○ West Union (Fayette County)</li> <li>○ Mt. Pleasant (Henry County)</li> </ul> </li> <li>• Examples of 5-2-1-0 activities were described. These include: <ul style="list-style-type: none"> <li>○ <b><u>5- servings of fruits and vegetables</u></b> <ul style="list-style-type: none"> <li>- Create healthy snack and celebration policies</li> <li>- Farm-to school/farm-to-work</li> <li>- Provide professional development opportunities</li> <li>- Healthy concessions at community pools/rec centers</li> <li>- Conduct taste tests to try new foods</li> <li>- Community/school gardens</li> <li>- Farmers markets</li> <li>- Participate in local/state/national initiatives</li> <li>- Community kitchen and classes</li> </ul> </li> <li>○ <b><u>2- hours or less of recreational screen time</u></b> <ul style="list-style-type: none"> <li>- Policies to support screen-free environments and screen-time limits</li> <li>- Create Take Home Activity Bags</li> <li>- Addition of board games to library section</li> <li>- Develop a campaign to help educate parents and caretakers</li> <li>- Create environments that naturally discourage sedentary behavior</li> <li>- Participate in National Screen Free Week</li> </ul> </li> <li>○ <b><u>1- hour of physical activity</u></b> <ul style="list-style-type: none"> <li>- Create policies that ensure children have plenty of chances to play outside in every season</li> <li>- Complete street polices</li> <li>- Active fundraisers</li> <li>- Walking school bus</li> <li>- Access to grass fields, playground, and equipment</li> <li>- Accessible bike paths and sidewalks</li> <li>- Trail signage</li> <li>- Physical activity curriculum</li> </ul> </li> <li>○ <b><u>0- sugary drinks and more water</u></b> <ul style="list-style-type: none"> <li>- Policy to drive pricing incentives</li> <li>- Healthy vending machines</li> <li>- Provide or allow water bottles during school</li> <li>- Install water fountains</li> <li>- Water campaign to make water the norm</li> <li>- Eliminate children's environments of sugary drink messages</li> <li>- Flavored water taste tests</li> </ul> </li> </ul> </li> </ul>
<p><b>Legislative Discussion</b></p> <p>Deborah Thompson</p>	<p>Deborah Thompson is the Legislative Liaison for the Iowa Department of Public Health. She gave an overview of the 2018 legislative session impacting IDPH by walking through the content of the following handout: <a href="#">IDPH Legislative Update May 11, 2018</a>. Key topics were discussed which include the following: (please refer to the handout for further details)</p>

<p><i>Handouts:</i></p> <ul style="list-style-type: none"> <li>• <a href="#">IDPH Legislative Update May 11, 2018</a></li> <li>• <a href="#">Opioid Indicators Issue Brief</a></li> <li>• <a href="#">State of Iowa Opioid Initiatives Report Card</a></li> <li>• <a href="#">DMU Handout 1</a></li> <li>• <a href="#">DMU Handout 2</a></li> </ul>	<ul style="list-style-type: none"> <li>• IDPH Policy Bill</li> <li>• IDPH Budget Package <ul style="list-style-type: none"> <li>○ Increased funding for the Childhood Obesity Prevention Program</li> <li>○ Restoration of funds for the Medical Residency Program</li> <li>○ New funding for a new initiative at Des Moines University to train medical students in mental health practices. Please refer to the following handouts: <ul style="list-style-type: none"> <li>- <a href="#">DMU Handout 1</a></li> <li>- <a href="#">DMU Handout 2</a></li> </ul> </li> <li>○ Funding for IT directives in the Medical Cannabidiol Act</li> </ul> </li> <li>• Policy Issues</li> <li>• Opioid Use Disorder Prevention Bill- The following handouts were passed around: <ul style="list-style-type: none"> <li>○ <a href="#">Opioid Indicators Issue Brief</a></li> <li>○ <a href="#">State of Iowa Opioid Initiatives Report Card</a></li> <li>○ <a href="#">Syringe Services Issue Brief</a></li> </ul> </li> <li>• Pharmacy Association Bill</li> <li>• Brain Injury Concussion Protocol</li> <li>• Children’s Health Screenings</li> <li>• Suicide and Adverse Childhood Experiences (ACEs) School Employee Training</li> <li>• Telehealth Equity</li> <li>• Two new healthcare/behavioral health provider types will be required to be licensed under state law: <ul style="list-style-type: none"> <li>○ Genetic Counselors</li> <li>○ Behavior Analyst</li> </ul> </li> <li>• Two notable bills that did not pass: <ul style="list-style-type: none"> <li>○ SF 2299- Stroke related bill</li> <li>○ HF 2434- AARP Family Caregivers Act</li> </ul> </li> </ul>
<p><b>Networking Opportunity</b></p>	<ul style="list-style-type: none"> <li>• Kady Reese mentioned that the Iowa Healthcare Collaborative is hosting a Care Coordination Conference on June 12 at the FFA Enrichment Center (DMACC Campus), Ankeny. Follow these links to <a href="#">View Brochure</a> and <a href="#">Register</a>.</li> </ul>
<p><b>Next Meeting: Friday, August 17 from 9:30 – 3:00 at the State Hygienic Laboratory- Ankeny</b></p>	

### **2018 Meeting Schedule**

- Friday, August 17, 2018 from 9:30 – 3:00 at the State Hygienic Laboratory- Ankeny
- Friday, November 2, 2018 from 9:30 – 3:00 at the Iowa Healthcare Collaborative